



Peter Gregory, MD

Aparna Baheti, MD

Laura Slee, ARNP

Date: \_\_\_\_\_

### Patient Information

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Primary number \_\_\_\_\_  
Secondary number \_\_\_\_\_  
Insurance name \_\_\_\_\_  
Insurance ID \_\_\_\_\_

### Provider & Unit Information

Unit name \_\_\_\_\_  
Unit Phone number \_\_\_\_\_  
Treatment Days \_\_\_\_\_  
Transportation \_\_\_\_\_  
Provider \_\_\_\_\_

## Central Venous Access

### PROCEDURE

- New Placement
- Exchange
- Removal
- Repair
- Declot / Thrombolysis
- Dye Study

### Clinical Indications(s)

- Chemotherapy / Infusions
- IV Access
- Infection
- Poor Flow
- Pain
- Other \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes No

- Allergy to IV Contrast Dye? \_\_\_\_\_
- Able to Sign Informed Consents? \_\_\_\_\_
- Translator required? \_\_\_\_\_
- Transportation Arranged? \_\_\_\_\_

**PLEASE FAX REFERRAL TO 253-874-1923  
WITH DEMOGRAPHICS, INSURANCE  
INFORMATION, RECENT LAB RESULTS &  
MEDICATION LIST**

Not sure what to order? Call 253-874-7107 to speak with our staff.

## Thank you for this referral!

